

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1								51							
2								52							
3								53							
4								54							
5								55							
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7								57							
8								58							
9								59							
10								60							
11								61							
12	1							62							
13								63							
14								64							
15	1							65							
16								66							
17								67							
18	1							68							
19								69							
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44								94							
45								95							
46								96							
47								97							
48								98							
49								99							
50								100							
TOTAL IND.	4							TOTAL IND.							
TOTAL DEP.	33							TOTAL DEP.							
TOTAL CLAIMS	37							TOTAL CLAIMS							

34
+ 3
37

41